

## PART B - FEE(S) TRANSMITTAL

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37761 7590 03/21/2008

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06/24/2008 SS1THIB2 00000034 501662 10647057

01 FC:1501 1440.00 DA  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Gayle Canfield	(Depositor's name)
Gayle Canfield	(Signature)
JUNE 23, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10647,057	08/22/2003	T.G. Nagaraja	30296-DIV	2063

TITLE OF INVENTION: RECOMBINANT FUSOBACTERIUM NECROPHORUM LEUKOTOXIN VACCINE AND PREPARATION THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	06/23/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
BASKAR, PADMAVATHI	1645	435-069700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. TRACEY S. TRUITT  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

KANSAS STATE UNIVERSITY  
 RESEARCH FOUNDATION

## (B) RESIDENCE (CITY and STATE OR COUNTRY)

2005 RESEARCH PARK CIRCLE, SUITE 105  
 MANHATTAN, KS 66502

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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## 4b. Payment of Fee(s): (Please first resupply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1662 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Tracey S. Truitt*

Date

6/23/2008

Typed or printed name

TRACEY S. TRUITT

Registration No.

43205

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